

Application Data Sheet

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | 0 |
| Number of copies of CDs:: | 0 |
| Sequence submission?:: | No |
| Computer Readable Form (CRF)?:: | No |
| Number of copies of CRF:: | 0 |
| Title :: | SEGREGATED CONTAINER FOR HOLDING MULTIPLE SUBSTANCES |
| Attorney Docket Number:: | JAB-14593 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | Fig. 1 |
| Total Drawing Sheets:: | 2 |
| Small Entity?:: | Yes |
| Latin name:: | |
| Variety denomination name:: | |
| Petition included?:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

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|---|-------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Jabra |
| Middle Name:: | |
| Family Name:: | Deir |
| Name Suffix:: | |
| City of Residence:: | Mentor |
| State or Province of Residence:: | OH |
| Country of Residence:: | US |
| Street of mailing address:: | 6986 Heisley Road |
| City of mailing address:: | Mentor |
| State or Province of mailing address:: | OH |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 44060 |

Correspondence Information

Correspondence Customer Number :: 040854
Phone number:: 216-566-9700
Fax Number: 216-566-9711
E-Mail address:: spaw@rankinhill.com

Representative Information

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|----------------------------------|--------|--|
| Representative Customer Number:: | 040854 | |
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Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|
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Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
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Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::